Graduate Differential Tuition Request

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| --- | --- |
| Name of College: |  |
| Name of graduate program that Differential Tuition is being requested For: |  |
| Justification: |
|  |
| Cost detail |
|  |
| Sign-offs |
| Date Received by Provost |  |
| Approved \_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_ |
| Provost signature  | Date |
| If denied, date sent to requesting college | Date |
| Sent to WMUx for market research  | Date |
| Date received in Provost’s office from WMUx  | Date |
| Date reviewed with Business and Finance | Date |
| Date reviewed with President’s office | Date |
| Date of Board of Trustees meeting that proposal sent for approval | Date |
| Date College notified of approval/denial by BoT | Date |